League of Conservation Voters and LCV Education Fund
1920 L Street N.W.
Suite 800
Washington, DC 20036
Phone 202-785-8683 Fax 202-835-0491

Facsimile Cover Sheet

MEMORANDUM-NOTE

Date: 8/11/04

To: FEC

From: Ann Sabin

Fax: 219-0174

Total number of pages (including cover sheet): 4

Message:

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FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name: LEAGUE OF CONSERVATION VOTERS

(b) Address (number and street) (street if different than Treasurer's reporter): 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number: C90005786

3. Is This Statement: [X] New or [ ] Amended

4. Covering Period: [ ] [ ] [ ] through [ ] [ ] [ ]

5. (a) Date of Public Distribution(s): 08 10 2004 (b) Communication This

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? Yes [X] No [ ]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [X] No [ ]

8. Custodian of Records

(a) Name: ANNE SAER

(b) Address (number and street): 1920 L STREET, N.W. #800

(c) City, State and ZIP Code: WASHINGTON, DC 20036 CFO

(d) Name of Employer or Principal Place of Business

(e) Occupation

LEAGUE OF CONSERVATION VOTERS

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement: 500

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: ANNE C. SAER

SIGNATURE: [signature] DATE: 8/11/04

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g

FFRAN03A.PDF FEC FORM 9 (REV. 03/2003)

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 1 OF 1

11. Person(s) Sharing/Exercising Control

A. (a) Name
DEBRA J. CALLAHAN
(b) Address (number and street)
1920 L ST NW #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 PRESIDENT
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

B. (a) Name
MARK LONGABAUGH
(b) Address (number and street)
1920 L STREET, #800
(c) City, State and ZIP Code
WASHINGTON DC 20036 SVP PROGRAM
(d) Name of Employer or Principal Place of Business (e) Occupation
LEAGUE OF CONSERVATION VOTERS

C. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

D. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

E. (a) Name
(b) Address (number and street)
(c) City, State and ZIP Code
(d) Name of Employer or Principal Place of Business (e) Occupation

FEC FORM 1 (REV 10/2003)

2028350491 95% P.03

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 1 OF 1

A. Full Name (Last, First, Middle Initial) of Payee: LAGUENS HAMBURGER STONE

Date of Disbursement or Obligation: [illegible]

Mailing Address of Payee: 4301 Connecticut Ave

City: WASHINGTON State: DC Zip Code: 20008

Amount: $500 —

Name of Employer: N/A Occupation:

Communication Date: 08 10 2004

Purpose of Disbursement (including title(s) of communication(s)): PRODUCTION OF MOOTA BUY

Name of Federal Candidate: JOHN KERRY Office Sought: [ ] House [ ] Senate [X] President State: District: Disbursement/Obligation For: [ ] Primary [X] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle Initial) of Payee:

Date of Disbursement or Obligation: [illegible]

Mailing Address of Payee:

City: State: Zip Code:

Amount:

Name of Employer: Occupation:

Communication Date: [illegible]

Purpose of Disbursement (including title(s) of communication(s)):

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

Name of Federal Candidate: Office Sought: [ ] House [ ] Senate [ ] President State: District: Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursement/Obligation: This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 500 —
(carry total from last page to Line 10)

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FEC FORM 8 (REV. 02/2003)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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N/A PREPARER	N/A DATE PREPARED

(5/2004)